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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/853 188		Ciling Nate		To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	, or (c))	N/A		N/A		1	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		1	N/A		1	N/A		
	EXAMINATION F (37 CFR 1.16(o), (p),		N/A		N/A			N/A		1	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*			x \$ =		OR	x \$ =		
IND	DEPENDENT CLAIM CFR 1.16(h))	vis .	minus 3 =			•		x \$ =		1	X \$ =		
	APPLICATION SIZI (37 CFR 1.16(s))	E FEE she is \$ add	If the specification and of sheets of paper, the applies \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			plication size fee due entity) for each fraction thereof. See							
	MULTIPLE DEPE	NDENT CLAIM P	7 CFR 1.16]									
* (f)	* If the difference in column 1 is less than zero, enter *0" in column 2.										TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							4	SMALL ENTITY			OTHER THAN R SMALL ENTITY		
AMENDMENT	02/01/10	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$	
N N	Total (37 CFR 1.16(i))	· 47	Minus	- 0	7	=		x \$ =		OR	x \$ =		
Z	Independent (37 CFR 1.16(h))	1.5	Minus	** 15		=		x \$ =		OR	x \$ =		
AM	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
			·		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE					
		(Column 1)		(Colun		(Column 3)							
—		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.16(1))	•	Minus	**		=		x \$ =		OR	x \$ =		
DM	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =		
EN	Application S	ize Fee (37 CFR	1.16(s))										
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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